MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/701585	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		1				
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1		1			
18	1		1			
19		2		1		
20		1				
21						
22		1		1		
23		1				
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
TOTAL IND.						
TOTAL DEP.	⇩	4 / 27	⇩		⇩	
TOTAL CLAIMS		31				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.		⇩		⇩		⇩
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831